

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17263

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 653	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 215 E. Market St. 01178			
3. NAME OF DECEASED (Type or Print) a. (First) Chesley		b. (Middle) Joseph		c. (Last) Curtin		4. DATE OF DEATH (Month) (Day) (Year) June 28 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 2, 1892	
9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Conception, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman C.G.W.		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Conception, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dennis Curtin		13b. MOTHER'S MAIDEN NAME Nancy Cooper.		14. NAME OF HUSBAND OR WIFE Mary Curtin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War I.		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Curtin.		ADDRESS 215 E. Market	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION St. Joseph, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CUR PULMONALE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHIAL ASTHMA DUE TO (c) 241X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 WEEK UNK.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from SEPT 14, 1954, to JUNE 28, 1955, that I last saw the deceased alive on JUNE 28, 1955, and that death occurred at 6:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Lawrence N. Pifer MD		(Degree or title)		23b. ADDRESS 1302 FARAON ST, ST. JOSEPH, MO.		23c. DATE SIGNED 6-28-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE June 30, '55		24c. NAME OF CEMETERY OR CREMATORY St. Columban Cem.		24d. LOCATION (City, town, or county) (State) Conception Mo. Missouri	
DATE REC'D BY LOCAL REG June 30, 1955		REGISTRAR'S SIGNATURE Esther M. Nelson		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenfaden		ADDRESS St. Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Herman W. Sidenfaden*.....

Licensed Embalmer No. *272*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.